PLACER COUNTY IN-HOME SUPPORTIVE SERVICES

PUBLIC AUTHORITY

11512 B Avenue, Auburn, CA 95603

(530) 886-3680

Independent Provider (IP) Application

(PLEASE COMPLETE IN BLUE OR BLACK INK ONLY)

First Name:	
Middle Initial:	
Last Name:	Maiden or other:
CELL Phone and Area Code:	(phone number will be given to
HOME Phone and Area Code:	potential clients)
Message Phone and Area Code:	
Mailing Address:	Physical Address:
City:	State: Zip:
Social Security Number:	
Date of Birth:	
□ Male □ Female	
Drivers License Number:	Expiration Date:
California ID Number:	Expiration Date:
Email Address:	
Emergency Contact Name:	Relationship:
Emergency Contact Phone Number and Area Code:	

Preferences

Type of recipient you are willing to work with (check all that apply)

	Adult With Developmental Disabilities: Autism, Brain Injury, Cerebral Palsy, Epilepsy, etc.
	Adult With Physical Disabilities
	Alzheimer's or Dementia
	Blind/Vision Impaired
	Child/Minor With Developmental Disabilities: Autism, Brain Injury, Cerebral Palsy, Epilepsy, etc.
	Child/Minor With Physical Disabilities
	Contagious Disease (Infectious Disease or Communicable Disease Easily Transmitted By Physical Contact Or Proximity)
	Deaf/Hearing Impaired
	Elderly
	Hospice Care
	Memory Problems
	Mental Health Issues: Bi-Polar, Hoarding, OCD Obsessive Compulsive Disorder, Schizophrenia, etc.

	Quadriplegic
	Non-Smoker
	Smoking: Inside & Outside
	Smoking: Outside Only
	Speech Impairment/Unable to Speak

Provider (you) can meet these needs (check all that apply)

	Car/Vehicle: Equipped With Ramp/Lift
	Car/Vehicle: Standard Passenger Vehicle
	No Smoking At Work
	Non-Smoker
	Read & Write English
	Scheduling Needs: Holidays
	Scheduling Needs: Live-In Assignment
	Scheduling Needs: On Call
	Scheduling Needs: Short-Term Respite Assignment
	Scheduling Needs: Urgent Care
	Transfers: Can Transfer Obese Consumers
	Transfers: Gait Belt Transfer
	Transfers: Hoyer Lift Transfer
	Transfers: Pivot Transfer
	Transfers: Sliding Board Transfer
	Work With Diabetics

Client preference? □ Male □ Female □ No Preference

OK with animals? □ Cats □ Dogs □ Birds (caged) □ Reptiles (caged)

Languages YOU speak: _____

Maximum Driving Distance to consumer (miles): _____

Services you are willing to perform (check all that apply)

□ Domestic Services	□ Transfer
□ Preparation of Meals	□ Bathing, Oral Hygiene and Grooming
□ Meal Clean Up	□ Rubbing skin – Repositioning
□ Routine Laundry	□ Care & Assistance with Prosthesis**
□ Shopping for Food	□ Accompaniment to Medical Appointments

□ Other Shopping and Errands	□ Accompaniment to Alt. Resources
□ Respiration	□ Protective Supervision
□ Bowel & Bladder Care	□ Paramedical Services
□ Feeding	□ Heavy Cleaning
□ Routine Bed Baths	□ Yard Hazard Abatement
□ Dressing	□ Removal of Snow / Ice
□ Menstrual Care	□ Teaching & Demonstration
□ Ambulation (assistance with moving)	

Days and Hours of Availability (Check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early Morning 6am-8am:							
Morning 8am-10am:							
Late Morning 10am-12pm:							
Noon Hour 12pm-1pm							
Afternoon 1pm – 3pm:							
Late Afternoon 3pm-5pm:							
Evening 5pm – 7pm:							
Late Evening 7pm – 9pm:							
Night 9pm – 11pm:							
Late Night 11pm – 1am							
Overnight 12am – 8am:							

Number of hours per week you would like to work? _____

Have you ever been convicted of a felony or misdemeanor charge? □ Yes □ No

If "yes" please list below all convictions since your 18th birthday.

Offense Date	Place of Conviction	Sentence	Release Date
Other facts you would like considered:			

You will be required to complete and pass a *Live Scan* (background check) *Fingerprint Clearance* **BEFORE** you are accepted on the Registry. This form will be available and explained at orientation.
NOTE: Placer County does **NOT** pay these fees. Our office will be informed of the results of your Live Scan. You will be notified by the Public Authority when this process is complete.

Have you attended a Placer County IHSS Provider Orientation in the last six months?
□ Yes □ No

Have you viewed the State required video at one of our orientations? □ Yes □ No

List any training you have had related to In-Home care:

Certificates or Licenses you possess:

□ First Aid	**Expires:**
□ CPR	**Expires:**
□ C.N.A.	**Expires:**
□ CHHA	**Expires:**
□ Other	**Expires:**
□ Other	**Expires:**
□ Other	**Expires:**

Have you had previous experience providing In-Home care?
□ Yes If yes, how many years? _____ □ No

Are you currently working as an IHSS provider? □ Yes □ No

Have you graduated high school or passed the high school equivalency test? □ Yes □ No

<u>THE FOLLOWING SECTION MUST BE COMPLETED EVEN IF ATTACHING A RESUME.</u>

Please provide 3 WORK REFERENCES – Begin with most *recent* job (Please DO NOT use relatives)

FROM:	JOB TITLE:	EMPLOYER:
TO:	CONTACT PERSON & PHONE NUMBER: ( )	ADDRESS:
TOTAL YR. & MO.:	HOURS PER WEEK:	REASON FOR LEAVING:
DUTIES:		
FROM:	JOB TITLE:	EMPLOYER:
TO:	CONTACT PERSON & PHONE NUMBER: ( )	ADDRESS:
TOTAL YR. & MO.:	HOURS PER WEEK:	REASON FOR LEAVING:
DUTIES:		
FROM:	JOB TITLE:	EMPLOYER:
TO:	CONTACT PERSON & PHONE NUMBER: ( )	ADDRESS:
TOTAL YR. & MO.:	HOURS PER WEEK:	REASON FOR LEAVING:
DUTIES:		

Personal References – TWO ARE REQUIRED (Please <u>DO NOT</u> use relatives):

NAME:	RELATIONSHIP:	ADDRESS:
PHONE NUMBER:	YEARS ACQUAINTED:	
NAME:	RELATIONSHIP:	ADDRESS:
PHONE NUMBER:	YEARS ACQUAINTED:	

I authorize the Public Authority to verify any information contained in this application.

□ Yes □ No

(A "no" answer to this question will automatically exclude you from acceptance to the Registry.)
I hereby certify that all statements made in connection with this application are complete and true to the best of my knowledge.

_____ _____

Signature of Applicant Date

PLEASE REVIEW YOUR APPLICATION BEFORE MAILING, IF ANY INFORMATION IS MISSING YOUR APPLICATION WILL BE RETURNED.

Placer County
IHSS Public Authority Registry

IHSS Provider Applicant
Release of Information Consent Form

I _____ give permission for the Placer County IHSS Public Authority to obtain information regarding my prior work history. I understand this release of information is valid for 90 days from the date indicated below.

_____ _____

Signature of Applicant Date